

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Jefferson

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Community-Based Residential Facilities in Jefferson County.

The report includes only facilities located within the City of FORT ATKINSON. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 48.00 pages. If you wish to read the profile for a particular facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer. Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BIRCH TERRACE CBRF (310314)

Address: 1109 CASWELL ST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/15/1995 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136117 **End Date:** 4/12/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134898 **End Date:** 9/10/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (BIRCH TERRACE CBRF--310314)

Date Complaint Received: 2/18/2021

Date Investigation Completed: 4/12/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 8/28/2020

Date Investigation Completed: 9/10/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: BLACK HAWK SENIOR RESIDENCE (0014288)

Address: 1 MILWAUKEE AVE WEST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 10/1/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139820 **End Date:** 12/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141781 **End Date:** 12/8/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD1Z13 Served 1/9/2023

Deficiencies Cited
83.62(1)(b)

Subject Area
NFPA 72, NATIONAL FIRE ALARM CODE

Compliance
Verified
5/30/23

Corrected
Yes

Survey ID: 0141254 **End Date:** 10/27/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140488 **End Date:** 8/16/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0140235 End Date: 6/24/2022 Type: OTHER Purpose: COMPLAINT/SELF REPORT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD1Z12 Served 8/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(d)	RIGHTS OF RESIDENTS: FREE OF MISTREATMENT	12/8/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	12/8/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	12/8/22	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	12/8/22	Yes
83.36(1)(b)	QUALIFIED STAFF IN CHARGE, ON DUTY AND AWAKE	12/8/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139051 End Date: 3/3/2022 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XD1Z11 Served 3/25/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(3)(a)	INVESTIGATE INJURIES OF UNKNOWN SOURCE	6/24/22	Yes
83.12(4)(b)	REPORTING WHEN LAW ENFORCEMENT IS CALLED	6/24/22	Yes
83.12(5)(a)	NOTIFICATION: INCIDENT, INJURY, CHANGES	6/24/22	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	6/24/22	Yes
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	6/24/22	Yes
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	6/24/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	6/24/22	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	6/24/22	Yes
83.27(2)(c)	ADMISSIONS COMPATIBLE WITH PROGRAM STATEMENT	6/24/22	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	6/24/22	Yes
83.32(3)(a)	RIGHTS OF RESIDENTS: COMMUNICATIONS	6/24/22	Yes
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	6/24/22	No
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	6/24/22	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	6/24/22	No
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	6/24/22	No
83.37(1)(c)	CBRF IDENTIFY MEDICATION PACKAGING SYSTEM	6/24/22	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	6/24/22	Yes
83.41(2)(c)	NUTRITION: MENUS	6/24/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

83.41(3)(b)	FOOD SAFETY	6/24/22	Yes
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD	6/24/22	Yes
83.45(3)	TOXIC SUBSTANCES	6/24/22	Yes
83.46(1)(f)	COMBUSTIBLES	6/24/22	Yes
83.47(2)(d)	FIRE DRILLS	6/24/22	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	6/24/22	Yes
83.47(3)	FIRE INSPECTION	6/24/22	Yes
83.48(3)(a)	FIRE DETECTION SYSTEMS INSPECTED ANNUALLY	6/24/22	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	6/24/22	Yes

Survey ID: 0139054 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1B0Y11 Served 4/4/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	6/24/22	Yes

Survey ID: 0137088 **End Date:** 8/11/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139514 **End Date: 4/28/2021** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	8/11/21	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	8/11/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	8/11/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	8/11/21	Yes

Survey ID: 0135223 **End Date: 11/10/2020** **Type: OTHER** **Purpose: COMPLAINT/VV**

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #80WC12 Served 11/30/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	11/27/20	

Survey ID: 0139513 **End Date: 6/18/2020** **Type: OTHER** **Purpose: VERIFICATION VISIT**

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	4/28/21	Yes
83.25	CONTINUING EDUCATION	4/28/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	4/28/21	Yes
83.35(5)(b)	ANNUAL EVALUATION OF EVACUATION LIMITS	4/28/21	Yes
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/28/21	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	4/28/21	No
83.40	OXYGEN STORAGE	4/28/21	Yes
83.42(1)	RESIDENT RECORD MAINTAINED	4/28/21	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (BLACK HAWK SENIOR RESIDENCE--0014288)

Date: 1/9/2023 **SOD #**XD1Z13 **Appealed:** No

Sanctions

NNAO EXTENDED
ORDER TO COMPLY

Date: 7/25/2022 **SOD #**XD1Z12 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NNAO EXTENDED
ORDER TO COMPLY
FORFEITURE---83.32(3)(d)
FORFEITURE---83.32(3)(h)
FORFEITURE---83.35(1)(a)
FORFEITURE---83.35(3)(a)
FORFEITURE---83.36(1)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 3/25/2022

SOD #XD1Z11

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

FORFEITURE---83.12(5)(a)

FORFEITURE---83.14(2)(a)

FORFEITURE---83.17(2)(a)

FORFEITURE---83.20(2)(a-d)

FORFEITURE---83.21(1-3)

FORFEITURE---83.22(1-4)

FORFEITURE---83.27(2)(c)

FORFEITURE---83.32(3)(a)

FORFEITURE---83.32(3)(h)

FORFEITURE---83.35(1)(a)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(1)(i)

FORFEITURE---83.43(1)

FORFEITURE---83.47(2)(d)

FORFEITURE---83.47(2)(e)

FORFEITURE---83.48(3)(a)

Date: 5/24/2021

SOD #80WC13

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.35(5)(b)

FORFEITURE---83.37(2)(e)

FORFEITURE---83.42(1)

FORFEITURE---83.43(1)

Date: 11/27/2020

SOD #80WC12

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 7/23/2020

SOD #UB0H12

Appealed:

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

FORFEITURE---83.14(2)(a)

FORFEITURE---83.25

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(3)(c)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (BLACK HAWK SENIOR RESIDENCE--0014288)

Date Complaint Received: 9/20/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/28/2022

Date Investigation Completed: 3/3/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

XD1Z11

PROGRAM SERVICES

SUBSTANTIATED

XD1Z11

RESIDENT RIGHTS

SUBSTANTIATED

XD1Z11

Date Complaint Received: 2/9/2022

Date Investigation Completed: 3/3/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

XD1Z11

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

XD1Z11

Date Complaint Received: 2/3/2022

Date Investigation Completed: 3/25/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XD1Z11

RESIDENT RIGHTS

SUBSTANTIATED

XD1Z11

Date Complaint Received: 1/26/2022

Date Investigation Completed: 3/3/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

XD1Z11

Date Complaint Received: 1/4/2022

Date Investigation Completed: 1/25/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date Complaint Received: 11/19/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 12/21/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/17/2021

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 4/28/2021

Result

NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

80WC13

Date Complaint Received: 11/2/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/10/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/28/2020

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

Date Investigation Completed: 6/19/2020

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CEDAR HILL (310332)

Address: N1366 HWY 12, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 3/1/1995 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143050 **End Date:** 4/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142134 **End Date:** 1/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140445 **End Date:** 7/25/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3C7111 Served 8/16/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	1/31/23	Yes
83.55(6)(b)	BATH AND TOILET AREAS: WATER TEMPERATURE	1/31/23	Yes

Enforcement History (CEDAR HILL--310332)

Date: 8/16/2022 **SOD #**3C7111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (CEDAR HILL--310332)

Date Complaint Received: 2/7/2023

Date Investigation Completed: 4/18/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: CRABAPPLE COURT CBRF (0014290)

Address: 1315 S MAIN ST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 6/1/2013 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143045 **End Date:** 4/24/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #6CY611 Served 5/16/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/24/23	Yes

Survey ID: 0136937 **End Date:** 7/21/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136038 **End Date:** 4/5/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E5EL13 Served 4/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.59(2)(a)	ONE-HAND, ONE-MOTION DOOR OPERATION	7/21/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (CRABAPPLE COURT CBRF--0014290)

Date: 4/20/2021

SOD #E5EL13

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.59(2)(a)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FALCONS NEST CBRF (0012983)

Address: 160 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 11/17/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0137852 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137619 **End Date:** 10/14/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

83.14(2)(a)

LICENSEE ENSURES FACILITY COMPLIES
WITH LAWS

11/29/21

Yes

Survey ID: 0136312 **End Date:** 5/18/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135839 **End Date:** 3/2/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GR9N11 Served 3/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.32(3)(n)	RIGHTS OF RESIDENTS: SAFE ENVIRONMENT	5/18/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	5/18/21	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	5/18/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	5/18/21	Yes
83.59(1)(c)	EXIT DOORS, PASSAGEWAYS 32 INCHES CLEAR	5/18/21	Yes

Survey ID: 0135324 **End Date:** 12/10/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (FALCONS NEST CBRF--0012983)

Date: 11/17/2021 **SOD #**G37D11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 3/22/2021 **SOD #**GR9N11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (FALCONS NEST CBRF--0012983)

Date Complaint Received: 1/15/2021

Date Investigation Completed: 3/2/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GR9N11

Date Complaint Received: 9/27/2020

Date Investigation Completed: 12/10/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: GOLDEN EAGLE CBRF (0012778)

Address: 216 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 6/15/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0136541 **End Date:** 6/8/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL APPLE HOUSE (0012615)

Address: 1621 PREMIER PL, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 1/30/2009 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0141929 **End Date:** 1/9/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141104 **End Date:** 6/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M7II13 Served 10/24/2022

Deficiencies Cited
83.32(3)(i)

Subject Area
RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

Compliance
Verified
1/9/23

Corrected
Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (HIL APPLE HOUSE--0012615)

Date: 10/24/2022 **SOD #**M7II13 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

Date: 5/18/2020 **SOD #**M7II12 **Appealed:**

Sanctions

OTHER SANCTION
FORFEITURE---83.38(1)(g)

Complaint History (HIL APPLE HOUSE--0012615)

Date Complaint Received: 4/14/2022 **Date Investigation Completed:** 6/13/2022

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
M7II13

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL LINDEN CORNER (0009792)

Address: 325 W BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 1/1/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0138002 **End Date:** 11/11/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XVBJ11

Deficiencies Cited
83.37(1)(g)

Subject Area
DISPOSITION OF MEDICATIONS

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HIL WILLOW COURT (0009795)

Address: 575 BLACKHAWK DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 1/1/2002 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142240 **End Date:** 2/14/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141173 **End Date:** 9/23/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XFX212 Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	2/14/23	Yes

Enforcement History (HIL WILLOW COURT--0009795)

Date: 10/31/2022 **SOD #**XFX212 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Facility Information

Facility Name: MAPLE RUN CBRF (0012086)

Address: N2489 WENHAM RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 4/1/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143126 **End Date:** 3/1/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #07SK11 Served 5/22/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(a)	CAREGIVER: INVESTIGATING ABUSE AND NEGLECT		
83.12(2)(c)	REPORT TO LAW ENFORCEMENT AND CORONER		
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS		

Survey ID: 0139350 **End Date:** 12/22/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0137875 **End Date:** 8/13/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #63RB11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	12/22/21	Yes

Survey ID: 0136141 **End Date:** 4/22/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Survey ID: 0135658 End Date: 2/9/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #IN2M11 Served 2/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.20(2)(a)-(d)	DEPARTMENT-APPROVED TRAINING COURSE	4/22/21	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	4/22/21	Yes
83.22(1)-(4)	TASK SPECIFIC TRAINING	4/22/21	Yes
83.25	CONTINUING EDUCATION	4/22/21	Yes
83.28(4)(a)	RESIDENT HEALTH SCREENING AND DOCUMENTATION	4/22/21	Yes
83.29(2)	ADMISSION AGREEMENT	4/22/21	Yes
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS	4/22/21	Yes
83.35(3)(b)	SERVICE PLAN DEVELOPMENT: PARTIES INVOLVED	4/22/21	Yes
83.37(2)(d)	DOCUMENTATION OF MEDICATION ADMINISTRATION	4/22/21	Yes
83.41(2)(c)	NUTRITION: MENUS	4/22/21	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	4/22/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CS (SEMIAMBULATORY)

Enforcement History (MAPLE RUN CBRF--0012086)

Date: 12/1/2021 **SOD #**63RB11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 2/21/2021 **SOD #**IN2M11 **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.21(1-3)
FORFEITURE---83.22(1-4)
FORFEITURE---83.25

Complaint History (MAPLE RUN CBRF--0012086)

Date Complaint Received: 2/7/2023 **Date Investigation Completed:** 2/24/2023

Subject Area(s)
ADMINISTRATION

Result
SUBSTANTIATED

SOD #
07SK11

Date Complaint Received: 1/25/2021 **Date Investigation Completed:** 2/9/2021

Subject Area(s)
ADMINISTRATION

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/4/2021 **Date Investigation Completed:** 2/9/2021

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
IN2M11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: OAK GROVE CBRF (0013156)

Address: W3343 HOFFMAN RD, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 3/15/2010 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142685 **End Date:** 1/31/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I6Q111 Served 4/6/2023

Deficiencies Cited

83.12(4)(c)

83.32(3)(i)

Subject Area

REPORTING INCIDENTS WITH SERIOUS
INJURY

RIGHTS OF RESIDENTS: PROMPT AND
ADEQUATE TREATMENT

Compliance
Verified

Corrected

Survey ID: 0139551 **End Date:** 4/14/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0138230 **End Date:** 12/8/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9D7K11 Served 1/10/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(h)	SCHEDULED PSYCHOTROPIC MEDICATIONS	4/14/22	Yes
83.41(3)(b)	FOOD SAFETY	4/14/22	Yes
83.44(1)(c)	CLOTHES DRYERS ENCLOSED AND VENTED	4/14/22	Yes
83.45(3)	TOXIC SUBSTANCES	4/14/22	Yes

Survey ID: 0134398 **End Date:** 8/4/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134338 **End Date:** 7/3/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #7YLO11 Served 7/22/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(j)	PROOF-OF-USE RECORD	7/22/20	Yes

Enforcement History (OAK GROVE CBRF--0013156)

Date: 4/6/2023 **SOD #**I6Q111 **Appealed:** **Decision:** PENDING

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(i)

Date: 1/10/2022 **SOD #**9D7K11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (OAK GROVE CBRF--0013156)

Date Complaint Received: 1/6/2023

Date Investigation Completed: 1/31/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

I6Q111

Date Complaint Received: 6/9/2020

Date Investigation Completed: 7/3/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

SUBSTANTIATED

7YLO11

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: Pinnacle Assisted Living Services Rolling Meadows (0018906)

Address: N464 Poeppel Rd, Fort Atkinson, WI 53538

License Status: PROBATIONARY

Licensed/Certified/Registered 9/1/2022 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142877 **End Date:** 4/12/2023 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141152 **End Date:** 10/26/2022 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: PROBATIONARY LICENSE ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: REENA SENIOR LIVING (0017764)

Address: 737 REENA AVE, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 12/1/2020 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142814 **End Date:** 4/11/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0142049 **End Date:** 10/31/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HG6111 Served 2/6/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.37(1)(e)	MEDICATION REGIMEN, ADMINISTRATION REVIEW	4/11/23	Yes
83.37(2)(e)	OTHER ADMINISTRATION GIVEN OR DELEGATED BY RN	4/11/23	Yes
83.47(3)	FIRE INSPECTION	4/11/23	Yes
83.48(6)(e)	INTEGRATED HEAT DETECTOR IN LAUNDRY ROOM	4/11/23	Yes

Survey ID: 0134893 **End Date:** 9/16/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (REENA SENIOR LIVING--0017764)

Date: 2/6/2023

SOD #HG6111

Appealed:

Sanctions

ORDER TO COMPLY

FORFEITURE---83.37(2)(e)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST FORT ATKINSON (310733)
Address: 1531 COMMONWEALTH DR, FORT ATKINSON, WI 53538
License Status: REGULAR
Licensed/Certified/Registered 7/1/1999 12:00:00AM
Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0140890 **End Date:** 9/22/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139894 **End Date:** 3/31/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9HG211 Served 6/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	9/22/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	9/22/22	Yes
83.37(1)(g)	DISPOSITION OF MEDICATIONS	9/22/22	Yes

Enforcement History (SIENNA CREST FORT ATKINSON--310733)

Date: 6/21/2022 **SOD #**9HG211 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (SIENNA CREST FORT ATKINSON--310733)

Date Complaint Received: 3/16/2022

Date Investigation Completed: 3/31/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Facility Information

Facility Name: STEPPING STONE CBRF (0012335)

Address: 318 N MAIN ST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 5/15/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0139078 **End Date:** 3/17/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138077 **End Date:** 11/24/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #NEQZ11 Served 12/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(4)(a)	REPORTING WHEN RESIDENT'S WHEREABOUTS UNKNOWN	3/17/22	Yes
83.12(4)(e)	REPORTING FIRE ON THE PREMISES	3/17/22	Yes
83.28(3)	PROVIDE ADMISSION AGREEMENT AS REQUIRED	3/17/22	Yes
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE	3/17/22	Yes
83.45(3)	TOXIC SUBSTANCES	3/17/22	Yes

Survey ID: 0134921 **End Date:** 9/23/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS AA (AMBULATORY)

Enforcement History (STEPPING STONE CBRF--0012335)

Date: 12/27/2021 **SOD #**NEQZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (STEPPING STONE CBRF--0012335)

Date Complaint Received: 11/3/2021

Date Investigation Completed: 11/24/2021

Subject Area(s)

Result

SOD #

OTHER

SUBSTANTIATED

NEQZ11

OTHER

NOT SUBSTANTIATED

Date Complaint Received: 8/28/2020

Date Investigation Completed: 9/23/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WELLINGTON MEADOWS (0012024)

Address: 525 MEMORIAL DR, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 3/1/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0142000 **End Date:** 1/19/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141213 **End Date:** 8/10/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QL0W17 Served 11/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	1/19/23	Yes
83.14(2)(h)	POSTING: LICENSE, DEFICIENCIES, REVOCATIONS	1/19/23	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139766 **End Date:** 3/15/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QL0W16 Served 6/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	8/10/22	No
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	8/10/22	Yes
83.59(1)(g)	PROPER EXIT LOCATIONS, SIDEWALKS, DRIVEWAYS	8/10/22	Yes

Survey ID: 0137568 **End Date:** 10/18/2021 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137650 **End Date:** 8/11/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QL0W15 Served 11/5/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	3/15/22	No
83.17(2)(a)	EMPLOYEES SCREENED FOR COMMUNICABLE DISEASE	3/15/22	Yes
83.21(1)-(3)	ALL EMPLOYEE TRAINING	3/15/22	Yes
83.28(1)	CBRF ASSESS EACH RESIDENT BEFORE ADMISSION	3/15/22	Yes
83.46(1)(c)	HEATING SYSTEM MAINTENANCE	3/15/22	Yes
83.47(2)(d)	FIRE DRILLS	3/15/22	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0135768 **End Date:** 2/11/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QL0W14 Served 5/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.12(4)(e)	REPORTING FIRE ON THE PREMISES	8/11/21	Yes
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	8/11/21	Yes
83.17(1)	LICENSEE CONDUCT CAREGIVER BACKGROUND CHECK	8/11/21	Yes
83.20(1)(a)	TRAINING TO BE DEPARTMENT APPROVED	8/11/21	Yes
83.25	CONTINUING EDUCATION	8/11/21	Yes
83.32(3)(f)	RIGHTS OF RESIDENTS: FREE OF CHEMICAL RESTRAINTS	8/11/21	Yes
83.35(3)(d)	SERVICE PLANS UPDATED ANNUALLY OR ON CHANGES	8/11/21	Yes
83.37(3)(c)	MEDICATION STORAGE: LOCKED CABINET	8/11/21	Yes
83.38(1)(c)	LEISURE TIME ACTIVITIES	8/11/21	Yes

Survey ID: 0134979 **End Date:** 9/9/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QL0W13 Served 10/15/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
83.35(1)(c)	LISTED AREAS FOR ASSESSMENTS	2/11/21	Yes
83.35(3)(a)	COMPREHENSIVE INDIVIDUALIZED SERVICE PLAN	2/11/21	Yes
83.37(1)(c)	CBRF IDENTIFY MEDICATION PACKAGING SYSTEM	2/11/21	Yes
83.47(2)(e)	OTHER EVACUATION DRILLS	2/11/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WELLINGTON MEADOWS--0012024)

Date: 11/3/2022 **SOD #**QL0W17 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.065(2)(bb)

Date: 6/6/2022 **SOD #**QL0W16 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---50.065(2)(b)

Date: 11/4/2021 **SOD #**QL0W15 **Appealed:**

Sanctions

ORDER TO COMPLY

FORFEITURE---83.21(1)-(3)

FORFEITURE---83.46(1)(c)

FORFEITURE---83.47(2)(d)

Date: 3/11/2021 **SOD #**QL0W14 **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

FORFEITURE---83.14(2)(a)

FORFEITURE---83.35(1)(c)

FORFEITURE---83.35(3)(a)

FORFEITURE---83.37(1)(l)

FORFEITURE---83.45(1)(d)

FORFEITURE---83.48(3)(a)

FORFEITURE---83.48(8)(b)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Date: 10/15/2020

SOD #QL0W13

Appealed:

Sanctions

OTHER SANCTION

FORFEITURE---83.35(3)(a)

FORFEITURE---83.35(3)(d)

FORFEITURE---83.37(1)(c)

Complaint History (WELLINGTON MEADOWS--0012024)

Date Complaint Received: 10/1/2021

Date Investigation Completed: 10/18/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/15/2021

Date Investigation Completed: 2/11/2021

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

QL0W14

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WELLINGTON PLACE OF FORT ATKINSON (0012025)

Address: 200 S WATER ST WEST, FORT ATKINSON, WI 53538

License Status: REGULAR

Licensed/Certified/Registered 3/1/2008 12:00:00AM

Regional Office: SOUTHERN REGION (MADISON), (608) 264-9888

Survey History

Survey ID: 0143013 **End Date:** 2/21/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #77HO11 Served 5/10/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.35(1)(a)	PRE-ADMISSION AND ONGOING ASSESSMENTS		
83.41(3)(b)	FOOD SAFETY		
83.42(2)	RESIDENT RECORDS SAFEGUARDED		
83.43(1)	ENVIRONMENT SAFE, CLEAN, AND COMFORTABLE		
83.43(2)(b)	CLEAN, COMFORTABLE MATTRESS AND PAD		
83.44(2)(a)	ROOMS CLEAN AND FREE FROM ODORS		

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0139349 **End Date:** 4/26/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #52VM12 Served 6/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS		
83.44(2)(b)	TOILET AND BATHING AREA		
83.45(3)	TOXIC SUBSTANCES		

Survey ID: 0139745 **End Date:** 3/17/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #61KD1C Served 6/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(2)(c)	NUTRITION: MENUS	3/17/22	Yes
83.44(2)(b)	TOILET AND BATHING AREA	3/17/22	Yes
83.45(3)	TOXIC SUBSTANCES	3/17/22	Yes

Survey ID: 0138351 **End Date:** 8/5/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #52VM11 Served 1/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(2)(a)	LICENSEE ENSURES FACILITY COMPLIES WITH LAWS	5/25/21	Yes

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Survey ID: 0137303 **End Date:** 7/21/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61KD1B Served 9/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	3/17/22	Yes

Survey ID: 0136004 **End Date:** 3/18/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #61KD1A Served 9/27/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(3)(h)	RIGHTS OF RESIDENTS: TO RECEIVE MEDICATION	7/21/21	No

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Enforcement History (WELLINGTON PLACE OF FORT ATKINSON--0012025)

Date: 5/10/2023 **SOD #**77HO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.35(1)(a)

Date: 6/2/2022 **SOD #**61KD1C **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/18/2022 **SOD #**52VM11 **Appealed:** No

Sanctions

ORDER TO COMPLY
ACCRUING FORFEITURE

Date: 9/27/2021 **SOD #**61KD1B **Appealed:**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

Date: 4/16/2021 **SOD #**61KD1A **Appealed:**

Sanctions

ORDER TO COMPLY
FORFEITURE---83.32(3)(h)

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Provider Inspection Summary

For the period 5/15/2020 to 5/15/2023

Community Based Residential Facility--CLASS CNA (NONAMBULATORY)

Complaint History (WELLINGTON PLACE OF FORT ATKINSON--0012025)

Date Complaint Received: 1/30/2023

Date Investigation Completed: 2/21/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/29/2021

Date Investigation Completed: 7/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/9/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 1/29/2021

Date Investigation Completed: 3/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

61KD1A

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